

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 712

Primary Registration District No. 5941

Registrar's No. 36

1. PLACE OF DEATH

(a) County Pulaski Liberty, Mo.
(b) City or town Richland Mo.
(c) Name of hospital or institution: Runnel
(If not in hospital or institution, give street number and location)
(d) Length of stay: In hospital or institution Life
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME ALFRED KISSINGER

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Della Kissinger 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 6-1883
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Richland Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Enoch Kissinger

13. Birthplace Richland Mo.
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Richland Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Della Kissinger

(b) Address Richland Mo.

17. (a) Buried (b) Date thereof 12-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Lamar

18. (a) Signature of funeral director R. J. Oliver

(b) Address Richland Mo.

19. (a) Dec 23/41 (b) W. A. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski
(c) City or town Richland Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Runnel Liberty
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22nd
year 1941 hour 2 minute 0 a.m.

21. I hereby certify that I attended the deceased from 4-3 1941 to 12-22 1941

that I last saw him alive on 12-16 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral sclerosis

Due to years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. J. Oliver (M. D. or other)

Address Richland Mo. Date signed 12-24

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Pulaski County Health Officer

File Number 142-83

Date Filed 1-5-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.